Table 61.—Influence of location of injury and type of operation on case fatality rates in 1,222 wounds of colon and rectum

Operation	Ascending colon	Trans- verse colon	De- scend- ing colon	Ascending and transverse colon	De- scend- ing and trans- verse colon	Ascending and descending colon	Sig- moid	Extra- peri- toneal rectum	Colon and extra- peri- toneal rectum	Total
Colostomy:										
Loop	145	252	67	3	8	2	82			559
Spur	27	146	48	9	29	1	32			292
Tube	39	4								43
Intraperitoneal closure, proximal										
colostomy	1	1	3	6	9	6	34			60
Diversional colostomy								8	2	10
Resection, ileocolic anastomosis,										
and colostomy	29			6						35
Resection, double-barreled ileo-				_						
colostomv	17	2		6					1	26
Posterior drainage, proximal										
colostomy								82	19	101
Posterior drainage, closure, prox-										
imal colostomy							4	25	17	46
Closure only	13	6	1	2				1		23
Resection, separate exterioriza-			_	_				_		
tion of limbs	2	3			2		2			9
No intestinal operation 1	9	3	1	1	1		3			18
110 mooning operation										
Total cases	282	417	120	33	49	9	157	116	39	1, 222
Total deaths	87	161	42	19	19	6	52	27	20	433
Case fatality rates	30. 9	38. 6	35. 0	57. 6	38.8	66. 7	33. 1	23. 3	51.3	35. 4

 $^{^1}$ In 5 of these 18 injuries (3 involving the ascending, 1 the transverse, and 1 the descending colon) the wound was overlooked at laparotomy. Eleven of the remaining patients died on the operating table before the intestinal lesion was dealt with. The other two developed, respectively, a pelvic abscess and a fecal fistula and underwent secondary surgery for these complications.